

## 2016 ILLINOIS TIMBER BUYERS LICENSE APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

**\*\*NAME IN WHICH LICENSE IS TO BE ISSUED AND TIMBER PURCHASED, LICENSE CAN ONLY BE ISSUED IN ONE NAME.**

APPLICANT IS:

☐ INDIVIDUAL

☐ CORPORATION

☐ PARTNERSHIP

☐ LIMITED LIABILITY COMPANY

☐ OTHER (SPECIFY): \_\_\_\_\_

APPLICANT'S FEIN NUMBER, IF APPLICABLE  
\_\_\_\_\_

LOCATION OF PRINCIPAL OFFICE      STREET:

PHONE NUMBER: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

LIST COUNTIES (GENERAL AREA) IN WHICH TIMBER WILL BE BOUGHT: \_\_\_\_\_

**IF APPLICANT IS A CORPORATION, PARTNERSHIP OR REGISTERED BUSINESS ORGANIZATION,** ATTACH ARTICLES OF INCORPORATION OR ORGANIZATION FILED WITH THE **ILLINOIS** SECRETARY OF STATE (TELE. # 217-782-7880) AND LIST ALL PERSONS AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT. IF APPLICANT IS DOING BUSINESS IN A NAME OTHER THAN HIS OWN UNDER THE ASSUMED BUSINESS NAME ACT, 805 ILCS 405, ATTACH CERTIFICATE OF REGISTRATION FROM THE APPLICABLE COUNTY CLERK'S OFFICE.

**LIST ALL AUTHORIZED AGENTS TO REPRESENT THE ABOVE LICENSEE (INCLUDING SELF):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE: \_\_\_\_\_

## BUSINESS RELATIONSHIP

TO APPLICANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER (REQUIRED)

**ADDITIONAL NAMES MAY BE LISTED ON A SEPARATE SHEET.** THE HOLDER OF THE TIMBER BUYER'S LICENSE IS RESPONSIBLE FOR THE USE OF THESE CARDS AND THE ACTIONS OF ITS AUTHORIZED AGENTS. ONLY AGENTS LISTED WITH THE DEPARTMENT MAY REPRESENT THE ABOVE LICENSEE AND MUST DESIGNATE IN ALL CONTRACTURAL ARRANGEMENTS THAT THE ABOVE LICENSEE IS THE TIMBER BUYER. THE CARD MUST BE CARRIED UPON THE PERSON OF THE TIMBER BUYER/AGENT WHILE CONDUCTING BUSINESS, AND MUST BE PRESENTED TO ANY AUTHORIZED DEPARTMENT EMPLOYEE OR PEACE OFFICER MAKING DEMAND FOR IT. IT IS THE LICENSEE'S RESPONSIBILITY TO PROVIDE AND MAINTAIN CORRECT ADDRESSES FOR THE AUTHORIZED AGENTS WITH THE DEPARTMENT. ALL LICENSEES WILL BE PUBLISHED IN A DEPARTMENT DIRECTORY AVAILABLE TO THE PUBLIC.

**RENEWALS ONLY:**

GIVE THE TOTAL DOLLARS PAID FOR TIMBER (STUMPAGE, LOGS PULPWOOD, PILING, VENEER, ETC.) BOUGHT FROM ILLINOIS TIMBER GROWERS (GOVERNMENTAL AND PRIVATE) DURING THE **4<sup>TH</sup> QTR. OF 2014 THROUGH THE 3<sup>RD</sup> QTR OF 2015** \$ \_\_\_\_\_

**NEW BUYERS ONLY:** ESTIMATE OF PURCHASES DURING LICENSE YEAR \$ \_\_\_\_\_

**\*\* BONDING REQUIREMENT IS 10 PERCENT OF THE TOTAL DOLLARS YOU PAID (OR ESTIMATE FOR NEW BUYERS) FOR ILLINOIS TIMBER ROUNDED OFF TO THE NEXT HIGHER EVEN \$100. WE CHECK ALL BUYER or COMPANY HISTORIES.**

BOND REQUIRED FOR TIMBER BUYERS LICENSE PROVIDED BY:

1. SURETY BOND (FORM U-5-73) IN THE AMOUNT OF \$ \_\_\_\_\_
2. BANK CERTIFICATE OF DEPOSIT \$ \_\_\_\_\_, ORIGINAL CERTIFICATE MUST BE FILED WITH THE DEPARTMENT, AND MADE PAYABLE TO THE DIRECTOR, DEPARTMENT OF NATURAL RESOURCES ONLY.
3. IRREVOCABLE LETTER OF CREDIT \$ \_\_\_\_\_.

FILING AND CERTIFICATE FEE \$ 30.00 PAYABLE TO: IL DEPARTMENT OF NATURAL RESOURCES

**CERTIFICATION:**

Pursuant to 5 ILCS 100/10-65©, IDNR must require license applicants to certify as follows: "I hereby certify, under penalty of perjury," that: **(check one)**

- ☐ I am not subject to a child support order.
- ☐ I am not more than 30 days delinquent in complying with a child support order.
- ☐ I am more than 30 days delinquent in complying with a child support order.

Disclosure of applicant's **Social Security Number** is **mandatory** pursuant to 42 U.S.C. 666 (a) (13) and 5 ILCS 100/10-65 for use under the State's child support enforcement program.

**FAILURE TO SO CERTIFY MAY RESULT IN DENIAL OF THE APPLICATION/RENEWAL AND MAKING FALSE STATEMENT MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT [5 ILCS 100/10-65 (c)] " I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE."**

**RETURN APPLICATION, FEE & BOND TO:**

Department of Natural Resources  
ORC - Division of Forest Resources  
One Natural Resources Way  
Springfield, IL 62702

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

(MANDATORY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**SOCIAL SECURITY NUMBER**

(MANDATORY) \_\_\_\_/\_\_\_\_/\_\_\_\_

**DATE OF BIRTH**